

110TH CONGRESS
2D SESSION

H. R. 7079

To require the Secretary of Health and Human Services to carry out a demonstration grants program to provide for certain patient coordination, outreach, and assistance services to reduce barriers to receiving health care and improve health care outcomes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 25, 2008

Mr. SCOTT of Virginia introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Secretary of Health and Human Services to carry out a demonstration grants program to provide for certain patient coordination, outreach, and assistance services to reduce barriers to receiving health care and improve health care outcomes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "Patient Advocate Act
5 of 2008".

1 **SEC. 2. PATIENT ASSISTANCE GRANTS DEMONSTRATION**
2 **PROGRAM.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services shall establish a demonstration program
5 under which the Secretary may make grants to State, local
6 and tribal entities, and public or private non-profit organi-
7 zations for the development and operation of programs to
8 provide services for patients to resolve health insurance,
9 job retention, and debt crisis matters related to the pa-
10 tients' diagnosis and illness, including services described
11 in subsection (b) to improve health care outcomes.

12 (b) USE OF FUNDS.—A recipient of a grant under
13 this section shall use the grant for the purposes of recruit-
14 ing, assigning, training, and employing patient health ad-
15 vocates (as defined in subsection (m)(2)) who have direct
16 knowledge of the communities they serve to facilitate the
17 care of individuals, including by performing each of the
18 following services (and by ensuring that such services are
19 available to such communities):

20 (1) Acting as contacts, including by assisting in
21 the coordination of health care services and provider
22 referrals, for individuals who are seeking prevention
23 or early detection services for, or who following a
24 screening or early detection service are found to
25 have a symptom, abnormal finding, or diagnosis of,
26 an adverse health condition.

(2) Facilitating the involvement of community organizations in assisting individuals who are at risk for or who have an adverse health condition to receive better access to high-quality health care services (such as by creating partnerships with patient advocacy groups, charities, health care centers, community hospice centers, other health care providers, or other organizations in the targeted community).

(3) Notifying individuals of clinical trials and, on request, facilitating enrollment of eligible individuals in these trials.

(4) Anticipating, identifying, and helping individuals to overcome barriers within the health care system to ensure prompt diagnosis and treatment.

(5) Coordinating with the relevant health insurance ombudsman programs to provide information to individuals about health coverage, including private insurance, health care savings accounts, and other publicly funded programs (such as the Medicare, the Medicaid, and State children's health insurance programs under titles XVIII, XIX, and XXI of the Social Security Act, respectively, health programs operated by the Department of Veterans Affairs or the Department of Defense, and any private or governmental prescription assistance programs).

1 (6) Conducting ongoing outreach to health dis-
2 parity populations, including the uninsured, rural
3 populations, and other medically underserved popu-
4 lations, in addition to assisting other individuals to
5 seek preventive care.

6 A recipient of a grant under subsection (a) may use such
7 grant for operational costs of any activity carried out by
8 such entity for the purposes described in the previous sen-
9 tence.

10 (c) PROHIBITIONS.—

11 (1) REFERRAL FEES.—The Secretary of Health
12 and Human Services shall require each recipient of
13 a grant under this section to prohibit any patient
14 health advocate providing services under the grant
15 from accepting any referral fee, kickback, or other
16 thing of value in return for referring an individual
17 to a particular health care provider.

18 (2) LEGAL FEES AND COSTS.—The Secretary of
19 Health and Human Services shall prohibit the use of
20 any grant funds received under this section to pay
21 any fees or costs resulting from any litigation, arbi-
22 tration, mediation, or other proceeding to resolve a
23 legal dispute.

24 (d) GRANT PERIOD.—

1 (1) INITIAL GRANT PERIOD AND PERMISSIBLE
2 EXTENSIONS.—Subject to paragraph (2), the Sec-
3 retary of Health and Human Services—

4 (A) may award grants under this section
5 for initial periods of not more than 3 years; and

6 (B) may extend the period of a grant
7 under this section so long as each such exten-
8 sion is for a period of not more than 1 year.

9 (2) LIMITATION.—In no case may the Secretary
10 award an initial grant or extend the period of a
11 grant under this section for a period ending after
12 the date that is 5 years after the date of the enact-
13 ment of this Act.

14 (e) APPLICATION.—

15 (1) IN GENERAL.—To seek a grant under this
16 section, an entity or organization described in sub-
17 section (a) shall submit an application to the Sec-
18 retary of Health and Human Services in such form,
19 in such manner, and containing such information as
20 the Secretary may require.

21 (2) CONTENTS.—At a minimum, the Secretary
22 shall require each such application to outline how
23 the entity or organization involved will establish
24 baseline measures and benchmarks that meet the

1 Secretary's requirements to evaluate program out-
2 comes.

3 (f) UNIFORM BASELINE MEASURES.—The Secretary
4 of Health and Human Services shall establish uniform
5 baseline measures in order to properly evaluate the impact
6 of the programs funded under this section.

7 (g) PREFERENCE.—In making grants under this sec-
8 tion, the Secretary of Health and Human Services shall
9 give preference to eligible entities that demonstrate in
10 their applications plans to utilize services described in sub-
11 section (b) to overcome significant barriers in order to im-
12 prove health care outcomes in their respective commu-
13 nities.

14 (h) DUPLICATION OF SERVICES.—An entity or orga-
15 nization that is receiving Federal funds for services de-
16 scribed in subsection (b) on the date on which the entity
17 or organization, respectively, submits an application under
18 subsection (c) may not receive a grant under this section
19 unless the entity or organization, respectively, can dem-
20 onstrate that amounts received under the grant will be uti-
21 lized to expand services or provide new services to individ-
22 uals who would not otherwise be served.

23 (i) COORDINATION WITH OTHER PROGRAMS.—The
24 Secretary of Health and Human Services shall ensure co-
25 ordination of the demonstration program under this sec-

tion with existing authorized programs in order to facilitate access to high-quality health care services.

(j) STUDY; REPORTS.—

(1) FINAL REPORT BY SECRETARY.—Not later than 6 months after the completion of the demonstration program under this section, the Secretary of Health and Human Services shall conduct a study of the results of the program and submit to the Congress a report on such results that includes the following:

(A) An evaluation of the program outcomes, including—

(i) quantitative analysis of baseline and benchmark measures; and

(ii) aggregate information about the individuals served and program activities.

(B) Recommendations on whether the programs funded under this section could be used to improve patient outcomes in other public health areas.

(2) INTERIM REPORTS BY SECRETARY.—The Secretary of Health and Human Services may provide interim reports to the Congress on the demonstration program under this section at such intervals as the Secretary determines to be appropriate.

1 (3) REPORTS BY GRANTEES.—The Secretary of
2 Health and Human Services may require each re-
3 cipient of a grant under this section to submit in-
4 terim and final reports on the programs carried out
5 by such recipient with such grant.

6 (k) RULE OF CONSTRUCTION.—This section shall not
7 be construed to authorize funding for the delivery of
8 health care services (other than the services listed in sub-
9 section (b)).

10 (l) NONDISCRIMINATION.—

11 (1) TREATMENT AS FEDERAL FINANCIAL AS-
12 SISTANCE.—For the purpose of applying the prohibi-
13 tions against discrimination on the basis of age
14 under the Age Discrimination Act of 1975 (42
15 U.S.C. 6101 et seq.), on the basis of disability under
16 section 504 of the Rehabilitation Act of 1973 (29
17 U.S.C. 794), on the basis of sex under title IX of
18 the Education Amendments of 1972 (20 U.S.C.
19 1681 et seq.), or on the basis of race, color, or na-
20 tional origin under title VI of the Civil Rights Act
21 of 1964 (42 U.S.C. 2000d et seq.), programs and
22 activities funded or otherwise financially assisted in
23 whole or in part under this Act (whether through
24 grant, contract, or otherwise) are considered to be

1 programs and activities receiving Federal financial
2 assistance.

3 (2) PROHIBITION OF DISCRIMINATION REGARD-
4 ING PARTICIPATION, BENEFITS, AND EMPLOY-
5 MENT.—

6 (A) IN GENERAL.—No individual shall be
7 excluded from participation in, denied the bene-
8 fits of, subjected to discrimination under, or de-
9 nied employment in the administration of or in
10 connection with, any program or activity funded
11 or otherwise financially assisted in whole or in
12 part under this Act because of race, color, reli-
13 gion, sex, national origin, age, disability, or po-
14 litical affiliation or belief.

15 (B) ENFORCEMENT.—The powers, rem-
16 edies, and procedures set forth in title VI of the
17 Civil Rights Act of 1964 (42 U.S.C. 2000d et
18 seq.) shall be the powers, remedies, and proce-
19 dures this paragraph provides to the Secretary
20 concerning a violation of subparagraph (A).

21 (m) DEFINITIONS.—In this section:

22 (1) HEALTH DISPARITY POPULATION.—The
23 term “health disparity population” means a popu-
24 lation that, as determined by the Secretary of
25 Health and Human Services, has a significant dis-



1 parity in the overall rate of disease incidence, preva-
2 lence, morbidity, mortality, or survival rates as com-
3 pared to the health status of the general population.

4 (2) PATIENT HEALTH ADVOCATE.—The term
5 “patient health advocate” means, with respect to a
6 program developed by a recipient of a grant under
7 this section, an individual who has completed a cer-
8 tified social work program (or program in a related
9 field) approved by such recipient, or has attained an
10 equivalent level of proficiency through organization-
11 sponsored training or work experience in areas of so-
12 cial work, case work, or nursing.

13 (n) AUTHORIZATION OF APPROPRIATIONS.—

14 (1) IN GENERAL.—To carry out this section,
15 there are authorized to be appropriated \$10,000,000
16 for each of the fiscal years 2009 through 2013 .

17 (2) AVAILABILITY.—The amounts appropriated
18 pursuant to paragraph (1) shall remain available for
19 obligation through the end of fiscal year 2013.

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